GEORGIA BOARD OF NURSING
237 Coliseum Drive
Macon, Georgia 31217

VERIFICATION OF EMPLOYMENT BY APPLICANTS FOR LICENSURE BY ENDORSEMENT

Instructions:

1. Applicant: Complete Section I and sign.
2. Submit this form to your employer to verify paid registered nursing practice. Ask the employer to complete the form and place it in a sealed envelope by them for you to be submitted with your application.

Section I (To be completed by applicant)
*The name and address of your employer on this form must match the name and address you listed under "Employment History" on the application.

Printed Name of Applicant: _____
Last **First** **Middle** **Maiden**

Applicants Address: _____
Street **City** **State** **Zip Code**

RELEASE: I do hereby consent to and authorize the release of any and all records and information concerning my employment to the Georgia Board of Registered Nursing. I understand this information is required as part of the application for licensure process.

Signature of Applicant _____ **Applicant Phone Number (s)**_____

APPLICANT – DO NOT WRITE BELOW THIS LINE:

Section II (To be completed by person verifying employment):

Instructions:
1. Complete Section II of this form.
2. **You must respond to all questions or this form will not be accepted by the Board office.**
3. Employment must have been for compensation.
4. Each title held with one employer requires a separate verification form completed.
5. Return the form to the applicant in a sealed envelope.

1. Name of Facility/Business/Employer: _____ Phone Number: ( )_____

Is this a federal agency of the United States Government?	❒ **No**	**Yes** ❒
Is this an acute care inpatient hospital?	❒ **No**	**Yes** ❒
Is this a long term acute care facility (LTAC)?	❒ **No**	**Yes** ❒
Is this an outpatient facility which includes a multisystem surgical center?	❒ **No**	**Yes** ❒
Is this a public health department?	❒ **No**	**Yes** ❒

2. Physical Address of Location: _____
City **State** **Zip**

3. Employee's Position/Title: _____

4. Is an RN license necessary for employment in this position? ❒ **No** **Yes** ❒

5. Identify the actual physical location where the employee practiced to include facility name, city/state if different than # 2 above or indicate same as above:

_____

6. Employment Dates: From: _____ **(mo/yr)** - To: _____**(mo/yr)**

Were there any periods of extended absence during employment? ❒ **No** **Yes** ❒ If "yes" please provide dates _____

LIST BELOW THE NUMBER OF HOURS WORKED PER YEAR AND Job Description: **List below the number of hours worked per year and duties:**

Year	Hours worked	Job Description

7. Printed name and title of person verifying employment: _____

8. I hereby certify that I am a custodian of records at _____ and the information submitted on this form is a true and correct representation of this applicant's file with our institution.

9. Signature of employer representative completing this form:_____Date_____

Employer Representative's Signature Must Be Notarized

Sworn to and subscribed before me this

_____ day of _____, 20 _____.

_____

(Notary Public)

My Commission Expires: _____

(Notary Seal)